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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
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| Application Number | 10/003,669 |
| Filing Date | 01 November 2001 |
| First Named Inventor | Robert H. Broyles, Ph.D. |
| Art Unit | 1633 |
| Examiner Name | Q. Janice Li, M.D. |
| Attorney Docket Number | OKL010-107/00727A |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

53190

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

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OR

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| Telephone | | Email | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

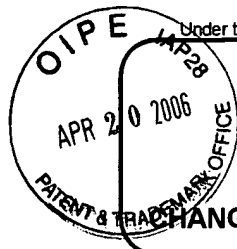
| | | | |
|-----------|------------------------|-----------|---------------|
| Signature | | | |
| Name | Robert A. Floyd, Ph.D. | | |
| Date | 20 April 2006 | Telephone | (405)271-7580 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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| | | | |
|-----------|--------------------------|-----------|---------------|
| Signature | | | |
| Name | Robert H. Broyles, Ph.D. | | |
| Date | 20 April 2006 | Telephone | (405)271-7579 |

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